

# PROGRESS SHEET – APPLICATION FOR CHANGE/TRANSFER

NAME: **Scott Byerley**  
**501 W. Langdon Road**  
**Walla Walla, WA 99362**

PHONE: 509-520-2895  
 EMAIL:

☐ ASSIGNED (SEE BACK OF PAGE)

APP. NO.	PERMIT NO.	CERT. NO. <b>833(A)</b>	CERT. OF CHANGE NO(S)
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**WALLA WALLA COUNTY**  
**WALL-13-04**

WRIA

**32**

WRTS No. **CS3-\*28833J(A)@1**  
 ID No. **5685539**

Superseding Doc. ID No. **6086980**

**PURPOSE OF APPLICATION: Change the place of use**

**Date Application received: April 15, 2013**

Statement of additional fee sent: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date fee received: \_\_\_\_\_

Returned for completion or correction: \_\_\_\_\_ Received: \_\_\_\_\_

☐ Application mapped by: \_\_\_\_\_ date: \_\_\_\_\_

## **PUBLICATION:**

Newspaper: **WWCWCWCB**

OK'd by: \_\_\_\_\_

Date Affidavit received: **10-25-2013**

Checked by: \_\_\_\_\_

☐ Protests: \_\_\_\_\_

Date Notice Sent \_\_\_\_\_

Time expires: **7-20-2013**

Date: \_\_\_\_\_

☐ Fee rcvd \_\_\_\_\_

**SEPA REQUIRED**

**NO - EXEMPT**

FIELD Examination by: \_\_\_\_\_ date: \_\_\_\_\_

☐ ROE map checked by: \_\_\_\_\_ date: \_\_\_\_\_

DATE CHANGE ROE ISSUED: \_\_\_\_\_

☐ Approved

☐ Denied

## **DEVELOPMENT SCHEDULE:**

BC due: \_\_\_\_\_

BC rcvd: \_\_\_\_\_

ext: \_\_\_\_\_

CC due: \_\_\_\_\_

CC rcvd: \_\_\_\_\_

ext: \_\_\_\_\_

PA due: \_\_\_\_\_

PA rcvd: \_\_\_\_\_

ext: \_\_\_\_\_

**PA FIELD EXAMINATION REQUIRED – DATE: \_\_\_\_\_ BY: \_\_\_\_\_**

## **Change/Transfer to be processed by WWCWCWCB County Water Conservancy Board**

ROD received:	45 day review period ends:	Review Period Extended to:	Ecy Decision Mailed:
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**10-25-2013**

**12-7**

**12-5-2013**

**DATE SUPERSEDING DOCUMENT ISSUED: 1/30/2014**

Interested Parties List on reverse side



**ASSIGNMENT INFO:**

**SUBJECT TO REAL ESTATE EXCISE TAX**

**Assignment received:** \_\_\_\_\_

**Assignment approved:** \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

☐ Mailed assignee copy of current App/ROE date: \_\_\_\_\_

<b>Submitted to Department of Revenue</b>	
Date:	_____
Initial:	_____

**Assignment received:** \_\_\_\_\_

**Assignment approved:** \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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<b>Submitted to Department of Revenue</b>	
Date:	_____
Initial:	_____

INTERESTED PARTIES	CONTACT METHOD	By	DATE